

Foster Family Home - Corrective Action Report

Provider ID: 1-130059

Home Name: Rosalina Mendoza, CNA

Review ID: 1-130059-8

94-1039 Pouhana Way

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 10/12/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed CCFFH recertification. corrective action required to CTA within 30 days

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47d.1 -No physicians order is present for use of [REDACTED] for client #2.

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(d)(2) A new home assessment is required when changes occur to the structure or address of the home.

Comment:

49.a.2 There are no grab bars around toilet area in the bathroom closest to Client #2 and #3.

49.(d)(2) New home assessment did not include plan for 2 school aged children sleeping space, there is no designated sleeping space for 2 children in the home as required by DPP.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)No Emergency Preparedness floor Plan

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Privacy not established as family is using the bathroom which is enclosed en-suite to the 2 client bedroom, passing through the client bedroom each time

53.(b)(15) visiting hours state limited to 9-4. Per "My choice my way" visiting hours cannot be restricted

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Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #1 and # 3 – 1 medication prescription label did not match medication administration record or signed MD orders. Medication errors identified require an adverse event form

Achamkulain fu
Compliance Manager

[Signature]
Primary Care Giver

10/12/2020
Date

16/12/2020
Date

CTA RN Compliance Manager: Jackie Chamberlain

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Rosalina Mendoza

(PLEASE PRINT)

CCFFH Address: 94-1039 Pouhana Way, Waipahu, Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
6(d)(1)	Provider called physician to order for use of side rails for client #2. Doctors ordered for [REDACTED] and placed in the binder	10/14/20	Provider will make sure to get order for use of [REDACTED] for client #2
49.a.2	Grab bars around toilet area in the bathroom closest to Client #2 and #3 was installed	10/15/20	CCFFH will make sure that there is grab bars around the client bathroom #2 and #3 to ensure safety of the client
49.(d)(2)	PCG #2 and children went back to the other house near the CCFFH house to sleep at night	10/13/20	Provider is working for the blueprint and permit to add extension for bedrooms for children.
50.(a)	Emergency Preparedness floor Plan it was placed in home record	10/13/20	Home will make sure to have Emergency Preparedness Floor Plan for safety of everyone in case of emergency
53.(b)(15)	Bathroom #2 has been open for clients use. Visiting hours has been change to anytime	10/12/20	Home will make sure clients to get access in the bathroom #2. Family members can visit anytime of the day and night

☒ All items that were fixed are attached to this CAP

PCG's Signature: Rosalina Mendoza

Date: 10/23/20

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rosalina Mendoza

(PLEASE PRINT)

CCFFH Address: 94-1039 Pouhana Way, Waipahu, Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.c.5	Medication discrepancy was corrected by client' s CMA, MD and CG#1 on client' s Medication Administration Record	10/13/20	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication.Home will immediately notify CMA,Pharmacy and/or doctor if they are different.

☒ All items that were fixed are attached to this CAP

PCG's Signature: *Rosalina Mendoza*

Date: 10/23/20

☒ CTA has reviewed all corrected items